## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

**Application or Docket Number** 

10642993

| CLAIMS AS FILED - PART I<br>(Column 1) (Co  |  |                                  |               |                               |                              | (Column 2)       |    | SMALL ENTITY TYPE                       |                        | OR | OTHER THAN<br>OR SMALL ENTITY |                        |  |
|---|--|----------------------------------|---------------|-------------------------------|------------------------------|------------------|----|---|------------------------|----|-------------------------------|------------------------|--|
| TOTAL CLAIMS  |  |                                  | 17            |                               |                              |                  |    | RATE                                    | FEE                    |    | RATE                          | FEE                    |  |
| FOR .   |  |                                  | NUMBER FILED  |                               | NUMBER EXTRA                 |                  |    | BASIC FEE                               | 375.00                 | OR | BASIC FEE                     | 750.00                 |  |
| TO  | TAL CHARGEA  | BLE CLAIMS                       | / / minus 20= |                               | · 0                          |                  |    | X\$ 9=                                  |                        | OR | X\$18≈                        |                        |  |
| IND   | EPENDENT CL  | AIMS                             | 3 minus 3 =   |                               | D                            |                  |    | X42=                                    |                        | OR | X84=                          |                        |  |
| MULTIPLE DEPENDENT CLAIM PRESENT  |  |                                  |               |                               |                              |                  |    | +140=                                   |                        | OR | +280=                         |                        |  |
| * If the difference in column 1 is less than zero, enter                              |  |                                  |               |                               | "0" in c                     | olumn 2          |    | TOTAL                                   |                        | OR | TOTAL                         |                        |  |
| CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)                          |  |                                  |               |                               |                              |                  |    | SMALL                                   | ENTITY                 | OR | OTHER<br>SMALL                |                        |  |
| AMENDMENT A   |  | CLAIMS REMAINING AFTER AMENDMENT |               | HIGH<br>NUM<br>PREVIO<br>PAID | IEST<br>BER<br>DUSLY         | PRESENT<br>EXTRA |    | RATE                                    | ADDI-<br>TIONAL<br>FEE |    | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | . 13                             | Minus         | \Z<br>*                       | 0                            | =                |    | X\$ 9=                                  |                        | OR | X\$18=                        |                        |  |
|   | Independent  | • 2                              | Minus         | ***                           | 3                            | =                |    | X42=                                    |                        | OR | X84=                          |                        |  |
|   | FIRST PRESE  | NTATION OF M                     | ULTIPLE DEI   | PENDEN                        | CLAIM                        |                  | J  | +140=                                   |                        | OR | +280=                         |                        |  |
|   | •  |                                  |               |                               |                              |                  |    | TOTAL<br>ADDIT. FEE                     |                        | OR | TOTAL<br>ADDIT, FEE           |                        |  |
|   |  | (Column 1)                       |               | (Colu                         | mn_2)                        | (Column 3)       |    | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |                        |    |                               |                        |  |
| AMENDMENT B   |  | CLAIMS REMAINING AFTER AMENDMENT |               | NUM<br>PREVI                  | HEST<br>IBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |    | RATE                                    | ADDI-<br>TIONAL<br>FEE |    | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *                                | Minus         | **                            |                              | =                |    | X\$ 9=                                  |                        | OR | X\$18=                        |                        |  |
|   | Independent  | *                                | Minus         | ***                           |                              | <u> </u>         |    | X42=                                    |                        | OR | X84=                          |                        |  |
| Ľ   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |                                  |               |                               |                              |                  | `ل | +140=                                   |                        | OR | +280=                         |                        |  |
|   |  |                                  |               |                               |                              |                  |    | TOTAL<br>ADDIT, FEE                     |                        | OR | TOTAL<br>ADDIT, FEE           |                        |  |
| (Column 1) (Column 2) (Column 3)  |  |                                  |               |                               |                              |                  |    |   |                        |    |                               |                        |  |
| AMENDMENT C   |  | CLAIMS REMAINING AFTER AMENDMENT |               | NUN<br>PREVI                  | HEST<br>MBER<br>OUSLY<br>FOR | PRESENT<br>EXTRA |    | RATE                                    | ADDI-<br>TIONAL<br>FEE |    | RATE                          | ADDI-<br>TIONAL<br>FEE |  |
|   | Total  | *                                | Minus         | **                            |                              | <b>=</b> .       |    | X\$ 9=                                  |                        | OR | X\$18=                        | ·                      |  |
|   | Independent  | *                                | Minus         | ***                           |                              | =                | ]  | X42=                                    |                        | OR | X84=                          |                        |  |
| Ľ   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +140=   |                                  |               |                               |                              |                  |    |   |                        | OR | +280=                         |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |  |                                  |               |                               |                              |                  |    |   |                        | OR | TOTAL                         |                        |  |
| **  | ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE ADDIT. FEE ADDIT. FEE THE "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                  |               |                               |                              |                  |    |   |                        |    |                               |                        |  |